

# CLASSROOM MANAGEMENT AND TEACHING STRATEGIES FOR STUDENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

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## ABSTRACT

*Attention Deficit Hyperactivity Disorder, also known as ADHD, is becoming a more common diagnosis among students. There are three subcategories of ADHD: (1) attention deficit hyperactivity disorder, predominately hyperactive; (2) impulsive type, attention deficit hyperactivity disorder, predominately inattentive type; and (3) attention deficit hyperactivity disorder, combined type. Attention Deficit Hyperactivity Disorder is primarily a neurological condition, also influenced by hereditary, biological, and environmental factors. Some parents have sought pharmaceutical strategies to help aid their child with ADHD, while teachers approach ADHD behaviors from a cognitive and behavioral perspective. However, due to recent legislation, medication may not always be an option. Therefore, it is important for teachers to know and use other forms of behavioral management strategies. Also, educators should focus their attention on the subjects that give students with ADHD the most trouble, such as reading. The author provides several strategies for classroom management, teaching and reading instruction of students with ADHD, some from a cognitive approach while others are from a behavior approach.*

**I**t is important that general educators know and understand each students' learning strengths and weaknesses. Educators must help students by guiding activities such that each child is able to

reach their full learning potential. Developing teaching strategies for students with particular needs, such as Attention Deficit Hyperactivity Disorder, and providing students the free and appropriate

public education they deserve, along with an individualized education program, will help them become better educators for all students.

Attention Deficit Hyperactivity Disorder, commonly referred to as ADHD, is defined by the American Psychiatric Association as “a persistent pattern of inattention, impulsivity, and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development” (Salend & Rohena, 2003, p. 3). ADHD affects 3%-5% of students in the United States, making it one of the most common childhood disabilities, three to nine times more commonly found in boys than girls. According to Salend and Rohena (2003), this statistic can be seen in classrooms across America, as teachers are increasingly being challenged to work with students with ADHD (2003).

Children with ADHD qualify for services enumerated in the Individuals with Disabilities Education Act (IDEA), which requires schools to provide a free appropriate public education in the least restrictive environment. Also under IDEA, schools are to provide these children with an individualized education program (IEP), which is a personally designed program to help the child succeed academically (McCarthy, Cambra-McCabe, & Thomas, 2004).

Therefore, IEPs should be designed for students with any of the three types of ADHD: (1) attention deficit hyperactivity disorder, predominately hyperactive; (2) impulsive type, attention deficit hyperactivity disorder, predominately inattentive type; and (3) attention deficit hyperactivity disorder, combined type (Salend & Rohena, 2003). The first type, ADHD predominantly hyperactive-impulsive type, is characterized by a high level of activity, distractibility, impulsivity, and disorganization. Students may squirm in their seats, not wait their turn in line, call out

answers, and interrupt others. The second type, predominantly inattentive, results in characteristics of distractibility, inattention, and disorganization, and students may seem shy and engage in daydreaming. The third, and most prevalent type, a combination of the first and second types, is called attention deficit with hyperactivity disorder combination (Salend & Rohena, 2003). Thus, despite common notions about ADHD, all students who experience ADHD do not necessarily have the same symptoms.

Also contrary to popular belief, studies have shown ADHD to be a learning disorder relating to a neurological condition rather than a behavioral disorder (Tannock & Martinussen, 2001). According to Hallahan and Kauffman (2003), the three parts of the brain affected by ADHD are the frontal lobes, basal ganglia, and cerebellum. Furthermore, these researchers have pointed to the abnormal levels of neurotransmitters serotonin and dopamine to be the origin of hyperactivity and impulsivity. Therefore, according to research, ADHD is primarily a neurological condition.

While the neurological makeup of students plays a major role in the cause of ADHD, hereditary, biological, and experimental factors affect students as well. Tannock and Martinussen (2001) believe ADHD has a tendency to run in families, and those students with ADHD are likely to have at least one close relative with ADHD. Furthermore, if an adult has ADHD, the chance of their children having ADHD is 57 %, and the chance of their sibling having ADHD is 32 % (Hallahan & Kauffman, 2003). According to Salend and Rohena (2003), inattentiveness associated with ADHD can be affected by biological factors, such as temperament and development, and environmental factors such as infections, diseases, birth trauma, and lead poisoning.

Also, Salend and Rohena (2003) stated experience-related factors such as family life, culture, and economic background can also influence inattentive behaviors.

Because many factors can contribute to the cause of ADHD, general educators and parents of students with ADHD may use several strategies at home and in the classroom to control behavior. Some parents have sought the use of pharmaceutical methods for controlling the symptoms of ADHD in their children. Bender and Mathes (1995), say that Ritalin, Dextro-drine, and Cylert are the medications typically used to help children suppress their behaviors associated with ADHD. Although medications have proven effective for some students, they do not produce positive results in all children. Therefore, many researchers recommend that other behavior-modification strategies be used in sequence with the medication. Tan-nock and Martinussen (2001) point out that the effects of medicine are only temporary, and the use of medications does not point directly to academic achievement. Therefore, researchers are impressing upon general educators to combine medical treatment for ADHD with teaching strategies and classroom management skills. Furthermore while some researchers guide general educators in the direction of behavioral approaches to teaching strategies, others recommend educators to focus on cognitive approaches.

However, a large debate regarding the Child Medication Safety Act may drastically reduce the option of medication for many students. This bill, if passed could provide protection to parents by reducing the schools' pressure to coerce parents into using medication as a requirement to have their children attend school. This threat could limit teachers' discussions of optional medications with parents, according to Wagner (2003). For many students, stimulant medication is very helpful

during and after school, and can alter test scores considerably. Because medication may not be an option for some students, teachers need to be able to use other behavior modification strategies to help students with ADHD control their actions.

The first style of teaching strategies are geared towards ADHD on a behavioral level. This means the behavior modification strategies are tactics used by a teacher to help correct the behavior of a student on the surface level. According to Bender and Mathes (1995), three kinds of interventions are available for teachers to use: unstructured, moderately structured, and structured. The first, unstructured interventions, can be used by the general educator without complexity and can be implemented into the classroom to correct inattentiveness of students with and without ADHD (Bender & Mathes, 1995). Some examples include using time to begin clues which gives students time to prepare mentally for the activity, planning for frequent breaks or physical activity which helps students release energy, seating students away from noise to decrease distractibility, posting daily assignments to help students maintain organization, and posting class rules for students to view and remember throughout the day. Furthermore, behavior-geared strategies such as these may be considered part of the student's IEP, as required by IDEA. By taking these simple steps, teachers are creating a better learning environment for students with the neurological deficits that are associated with ADHD.

The second intervention is called moderately structured interventions, which includes a data collection taken by the general educator that is used to assess the students' current level of performance. One specific example given by Bender and Mathes (1995) is using a token economy. A token economy is the use of tokens which are rewarded to a student or

taken away from a student based on the student following or not following the rules set forth by the teacher regarding a specific behavior. For example, a teacher was having a problem with a student who was frequently out of his seat at inappropriate times. She defined to the class that an out-of-seat behavior meant any time the buttocks was not in contact with the seat of the desk. Bender and Mathes contend that it is important to give a specific definition when frequently countering any behavior. For every time the student is out of his seat, the teacher will remove a token from her pocket. For every 5-minute period during which the student is in his seat, he receives 20 cents in tokens. The student could use the tokens to buy pencils, markers, or computer time on Friday afternoons. Bender and Mathes believe the most important thing to note is that the teacher's regular instruction was not disturbed by using the technique.

The third and final kind of intervention, which involves more than one general educator or professional, is structured interventions. One specific example of a structured intervention is assertive discipline (Bender & Mathes, 1995). Assertive discipline is a structured, disciplinary technique proven effective by research. The basic principle behind assertive discipline is that the general educator be able to accomplish his/her academic goals in the classroom, no child should ever prevent a teacher from teaching or another student from learning, and teachers are able to determine what behaviors are in the child's best interest (Bender & Mathes, 1995). Furthermore, Bender and Mathes say teachers must perform four behavioral management strategies for assertive discipline to be effective. First, teachers must communicate expectations to their students, such as raising hands, staying in seats, or being prepared for class. Second, teachers must consistently respond to appropriate behaviors with positive reinforce-

ment, such as verbal praise. Third, teachers should take suitable actions when students do not behave appropriately. Finally, they should know how to enlist cooperation from the principal and the student's parents for disciplinary actions. In summary, according to Bender and Mathes, in order to successfully control the negative behavior associated with ADHD in an inclusive classroom, teachers need an intervention plan consisting of unstructured, moderately structured, and structured interventions. By using these three levels of interventions, teachers can manage behavior problems on an individual basis.

Another way educators handle behavior problems invoked by ADHD is through a cognitive approach, which also meets a student's IEP requirement. According to Tannock and Martinussen (2001), educators should base their instructional practices on the cognitive weaknesses of children with ADHD. In their article, they give a four-element framework as a useful way to make accommodations for students with ADHD. The first element, called teacher talk, is described as using modeling, repeating, elaborating, and defining to help students who have difficulty understanding language. The second element, which helps students develop social skills, is important because some students are not accustomed to social skills such as taking turns during class discussions. Third, teachers should offer students different levels of support depending on individual needs. Tannock and Martinussen found the third element to be critical because all students need different levels of support. They also found it critical to provide instructional support to directly assess the working memory problems many students with ADHD have, which is the fourth and final element. Working memory is required for reading comprehension, mental arithmetic, and problem solving. Instructional supports can include

changing the kind of instruction, such as group work versus individual, changing the kind of correctional procedures used, or using visual aids and graphic organizers. In conclusion, Tannock and Martinussen encourage teachers to address ADHD through a cognitive approach as opposed to a behavioral approach by using the four elements of teacher talk, improving social skills, changing the levels of support, and providing instructional supports. These elements can benefit all students with ADHD by helping them fit well into a general classroom.

In addition to the research involving approaches to teaching students with ADHD in the classroom, there is also a wealth of information that provides insight into the specific process of teaching reading to these students. As stated earlier, students with ADHD experience deficits in working memory, something required for reading comprehension (Tannock & Martinussen, 2001), and although only 9% of students with ADHD actually have a true reading disability, most students with ADHD still struggle with reading because of this working memory insufficiency (Ostoits, 1999). Therefore, Ostoits (1999) suggests several strategies for teaching reading to students with ADHD. For example, she states that students with ADHD can maintain attention and comprehend better if they read quietly to themselves during reading time. She also suggests that students with ADHD should have a special place in the classroom to read so they do not disturb others and are not easily distracted. In addition, Ostoits states that students with ADHD have trouble focusing on the text because they are so easily distracted. She recommends giving students a bookmark to help them keep their eyes on the text (Ostoits, 1999).

Additionally, students with ADHD have trouble with reading comprehension. Hav-

ing students write daily responses to what they have read will help them enhance their comprehension. KWL charts, story mapping, and character webs allow students to fill in small bits of information at a time, which works well with students who have difficulty sustaining attention. These are just a few specific suggestions on teaching reading to students with ADHD. It is important that teachers take special notice of this subject when regarding students with ADHD, since it is a problem area for these students (Ostoits, 1999).

In conclusion, Attention Deficit Hyperactivity Disorder, which currently affects more and more students, has become a growing issue for general educators. By knowing and understanding the symptoms and causes of ADHD, general educators will be better able to identify and create IEPs for students with this condition. Although medication may no longer be an option, when general educators and parents of a student with ADHD approach classroom and home behavior assessment from a behavioral and cognitive perspective, they will be aiding the student in the best possible way and guiding him or her to academic achievement. Finally, when general educators focus on the subjects that give students with ADHD the most trouble, they will provide those students the best classroom environment and the ability to succeed.

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